AMENDED IN SENATE AUGUST 5, 2002

AMENDED IN SENATE AUGUST 22, 2001

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AMENDED IN SENATE JUNE 7, 2001

AMENDED IN ASSEMBLY APRIL 19, 2001

AMENDED IN ASSEMBLY MARCH 27, 2001

CALIFORNIA LEGISLATURE—2001-02 REGULAR SESSION

ASSEMBLY BILL

No. 843

Introduced by Assembly Member Chan

February 22, 2001

An act to amend Sections 14087.305 and 14089 add Chapter 1.2 (commencing with Section 10010) to Part 1 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 843, as amended, Chan. Medi-Cal: managed care: reenrollment newborn children: electronic enrollment.

Existing law provides for the federal medicaid program, administered by each state, California's version of which is the Medi-Cal program. The Medi-Cal program, which is administered by the State Department of Health Services, provides qualified low-income persons with health care services.

Under federal law, a child born to a woman eligible for and receiving medical assistance under a state medicaid plan on the date of the child's birth shall be deemed to have applied for medical assistance and to have AB 843 — 2 —

been found eligible for that assistance under the plan on the date of the birth and to remain eligible for that assistance for a period of one year so long as the child is a member of the woman's household and the woman remains, or would remain if pregnant, eligible for that assistance.

This bill would require the department to develop an electronic enrollment process to confirm the eligibility of a newborn child deemed to be eligible for Medi-Cal benefits and to request applications for the enrollment of newborn children who have not been deemed eligible for Medi-Cal benefits.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services, pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons.

Under existing law, Medi-Cal services may be provided to a beneficiary or eligible applicant by an individual provider, or through a prepaid managed health care plan, pilot project, or fee-for-service case management provider.

Under existing law, each beneficiary or eligible applicant shall be provided with information as to health care options, including certain provider information. Additionally, existing law permits an applicant who chooses to enroll in a managed care plan, pilot project, or fee-for-services case management provider to indicate his or her choice of clinic as well as a primary care provider.

This bill would provide that any Medi-Cal applicant who had been disenrolled from a Medi-Cal managed care plan during the last 18 months may, at the time of eligibility redetermination, choose to opt out of the health care options process and affirmatively elect to reenroll in the participating health care plan of his or her choice. It would require the department to ensure that reenrollees are informed of specified information.

The bill would also require the department, on or before April 30, 2002, and in conjunction with affected stakeholders, to develop a plan regarding the most efficient manner in which to allow reenrollees to receive care from the health care plan of their choice without having to repeat the health care options process, and to implement this plan on or before January 1, 2003.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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The people of the State of California do enact as follows:

SECTION 1. Section 14087.305 of the Welfare and SECTION 1. Chapter 1.2 (commencing with Section 10010) is added to Part 1 of Division 9 of the Welfare and Institutions Code, to read:

CHAPTER 1.2. MEDI-CAL ELECTRONIC ENROLLMENT OF NEWBORNS

- 10010. (a) To the extent federal financial participation is available, the department shall develop an electronic enrollment process to do both of the following:
- (1) Confirm the eligibility of a child born to a woman who is eligible for, and receiving Medi-Cal benefits on the date of the child's birth, and who is deemed to be eligible for Medi-Cal benefits under Section 1396a(e)(4) of Title 42 of the United States Code.
- (2) Request applications for the enrollment of newborn children who have not been deemed eligible for Medi-Cal benefits under Section 1396a(e)(4) of Title 42 of the United States Code.
- (b) It is the intent of the Legislature that the process required by subdivision (a) shall serve as an alternative to the existing process of enrollment of newborn children in the Medi-Cal program who have been deemed to be eligible for Medi-Cal benefits, to the extent allowed under federal law.
- 10011. (a) The department may designate, as necessary, those hospitals where babies are delivered or facilities where newborn children are served as qualified entities to utilize the electronic enrollment process under this chapter.
- (b) Any hospital or facility implementing the electronic enrollment process under this chapter shall assist the parent or parents of a newborn child in completing the electronic enrollment process.
- 10012. The electronic enrollment process shall be used by a hospital or facility only when continuous eligibility for the first year of the life of the newborn child is being sought.
- 10013. (a) The electronic enrollment process developed pursuant to this chapter shall include a request for all information necessary for enrollment of newborn children who are deemed to be eligible for Medi-Cal benefits and newborn children who are

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not deemed eligible for Medi-Cal benefits. If a newborn child is not deemed to be eligible for Medi-Cal benefits, the department shall mail to the parent or parents of the newborn child an appropriate 4 application for benefits under the Medi-Cal program for the first year of the newborn child's life. The department shall advise the parent or parents of the newborn child to complete and return the application form.

- (b) Upon making a determination of whether or not a newborn child is deemed to be eligible for Medi-Cal benefits, the hospital or facility shall inform the parent or parents of the newborn child of both of the following:
- (1) Whether the child is or is not deemed to be eligible for Medi-Cal benefits.
- (2) If the child is determined not to be deemed eligible for Medi-Cal benefits, an application for Medi-Cal benefits must be submitted in order to receive Medi-Cal benefits.

10014. The department shall seek approval of any amendments to the state plan necessary to implement this chapter for purposes of funding under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.) and Title XXI of the federal Social Security Act (42 U.S.C. Sec. 1397aa et seg.). This chapter shall be implemented only to the extent of federal financial participation.

10015. To implement this chapter, and to the extent permitted by state law, the department may contract with public or private entities or utilize existing health care service provider enrollment and payment mechanisms, including the Medi-Cal fiscal intermediary, to the extent services provided under this chapter are specifically identified and reimbursed in a manner to appropriately claim federal financial participation. Any contract or contract amendment, any system changes pursuant to a change order, or any project or systems development notice shall be exempt from Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code and Chapter 7 (commencing with Section 11700) of Part 1 of Division 3 of Title 2 of the Government Code, and any policy, procedure, or regulation authorized by those provisions.

Notwithstanding Chapter 3.5 (commencing with 10016. Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall implement this chapter by means of all-county letters or similar instructions without taking any further regulatory action. Thereafter, the department shall adopt regulations, as necessary, to implement this section in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

All matter omitted in this version of the bill appears in the bill as amended in the Senate, August 22, 2001 (JR 11)

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